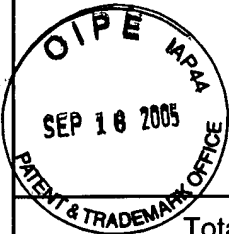


AR

1P 1616

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Complete if Known

Application Number	09/555,459
Filing Date	31 May 2000
First Named Inventor	Mervyn J. FREDERICK
Examiner Name	Sharmila S. GOLLAMUDI
Group Art Unit	1616
Attorney Docket No.	2355-118
Customer No.	6449
Confirmation No.	8345

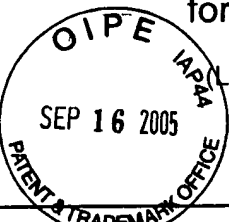
Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request (One Month) | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | 1. Japanese Pat. No. 7-223653 |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | REMARKS: | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER	Jeffrey L. Ihnen, Reg. No. 28,957				
SIGNATURE		DATE	09/16/05	DEP ACCT USER ID	02-2135

4/7/05

FEE TRANSMITTAL for FY 2005  (Large Entity)		Complete if Known	
		Application Number	09/555,459
		Filing Date	31 May 2000
		First Named Inventor	Mervyn J. FREDERICK
		Examiner Name	Sharmila S. GOLLAMUDI
		Group Art Unit	1616
<input type="checkbox"/> Applicant claims small entity status		Attorney Docket Number	2355-118
Total Amount of Payment	(\$120.00)	Confirmation Number	8345

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge the fees indicated below or credit overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck
- ☐ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 02-2135.
2. ☐ Payment by check enclosed

FEE CALCULATION
1. FILING, SEARCH AND EXAMINATION FEES

Code	Fee	Fee Description	Fee Paid
1001	300	Utility Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1111	500	Utility Search Fee	[]
1311	200	Utility Examination Fee	[]
1002	200	Design Filing Fee	[]
	350	filed before Dec. 8, 2004	[]
1112	100	Design Search Fee	[]
1312	130	Design Examination Fee	[]
1003	200	Plant Filing Fee	[]
	550	filed before Dec. 8, 2004	[]
1113	300	Plant Search Fee	[]
1313	160	Plant Examination Fee	[]
1004	300	Reissue Filing Fee	[]
	790	filed before Dec. 8, 2004	[]
1114	500	Reissue Search Filing Fee	[]
1314	600	Reissue Examination Fee	[]
1005	200	Provisional Filing Fee	[]

SUBTOTAL \$ -0-

2. CLAIMS

	Extra Claims	Fee	Fee Paid
Total Claims [] - 20* = [] x		\$50 = []	
Independent Claims [] - 3* = [] x		200 = []	
Multiple Dependent Claims +		360 = []	

*or number previously paid, if greater

SUBTOTAL \$ -0-

3. APPLICATION SIZE FEE

Total Sheets [] - 100 = [] /50 = []** x \$250 =

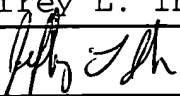
** Number of each additional 50 or fraction thereof

SUBTOTAL \$ -0-

FEE CALCULATION (continued)
4. ADDITIONAL FEES

Fee Code	Fee Paid	Fee Description	Fee Paid
1051	130	Surcharge - late filing fee or oath	[]
1052	50	Surcharge - late provisional filing fee or cover sheet	[]
1053	130	Non-English specification	[]
1812	2,520	For filing a request for reexamination	[]
1804	920	Requesting publication of SIR prior to Examiner action	[]
1805	1,840	Requesting publication of SIR after Examiner action (reduced by basic filing fee paid)	[]
1251	120	Extension for reply within first month	[120.00]
1252	450	Extension for reply within second month	[]
1253	1,020	Extension for reply within third month	[]
1254	1,590	Extension for reply within fourth month	[]
1255	2,160	Extension for reply within fifth month	[]
1401	500	Notice of Appeal	[]
1402	500	Filing a brief in support of an appeal	[]
1403	1,000	Request for Oral Hearing	[]
1451	1,510	Petition to institute a public use proceeding	[]
1452	500	Petition to revive -unavoidable	[]
1453	1,500	Petition to revive - unintentional	[]
1807	50	Processing fee under 37 CFR 1.17(q)	[]
1806	180	Submission of Information Disclosure Statement	[]
1809	790	Filing a submission after final rejection (37 CFR .129(a))	[]
1810	790	For each additional invention to be examined (37 CFR 1.129(b))	[]
1801	790	Request for Continued Examination (RCE)	[]
1802	900	Request for expedited examination of a design application	[]
1504	300	Publication fee for early, voluntary, or normal publication	[]
1505	300	Publication fee for republication	[]
1455	200	Filing application for patent term adjustment	[]
1456	400	Request for reinstatement of term reduced	[]
1814	130	Statutory Disclaimer	[]
Other fee (specify)			[]

SUBTOTAL \$120.00

SUBMITTED BY		Complete (if applicable)			
NAME AND REG. NUMBER		Jeffrey L. Ihnen, Reg. No. 28,957			
SIGNATURE		DATE	09/16/05	DEP ACCT USER ID	02-2135